Saipan Ice & Water Co., Inc. P.O Box 501808 Saipan MP 96950 Tel. NO. 322-6130, 322-5991

			No.	
er en	MAINTENANCE	WORK ORDE	R	
	2111		(12 1/97	
Customer Name	D91		Date [] 21 01	
Address	KAGMAY	? 	Contract Ref.	
Contact Person			Tel. No.	
Equipment Description:	2000 GRO			
Visit Frequency	: Week/Month	Last Microbiology Test Result / Remarks:		
SERVICE REPORT	reck on PO	Sex Jony	Derahon	
FINDINGS/COMMENTS:	xi//flocon	i Chleri	peration Le for injector tens	
,	INSPECTION & MAINT		17	
. (C	Describe briefly result of insp	ection and recommen	dation)	
Anti-scalant Level	Jul.	UV-Light Unit(s)		
Chlorine Level	Jul	Ozonator	Ok	
Pre-filter	Joh &	Hardness Reading	15 GRY	
Post-filter	OK	Feed Water TDS	1003 Bons	
Feed Pump Pressure	30/180 78/	Product Water TDS	21 pm	
Permeate Flow Rate (GMP)	1.0 Gpm	Chlorine Reading	0.3 ng/L	
Reject Flow Rate (GMP)		Others	/	
Recommendation (indicate party of the party	ticular work done or parts of sy MCGR Formers, Wordwer, Check d D Membrusul	stem inspected): (C Check TDS of puarional)	ech & regil blocky Chranine referenced preferred & Backeness	
Time Start Time Finished	Work Performed by & Signature	e Customer F	Rep. Name, Signature, Date	
	Korl de los Reys	Riverdo K	ust 112107	
	1			

Saipan Ice & Water Co., Inc. P.O Box 501808 Saipan MP 96950 Tel. NO. 322-6130, 322-5991

				No.
	MAINTENANCE	WORK ORDE	R	
Customer Name	Der		Date	N 08 001
Address	KAGMAN		Contract Ref.	,
Contact Person	Production		Tel. No.	
Contact Ferson			Tel. No.	`~~.
Equipment Description:	VON GAN			j .
Visit Frequency _	: Week/Month	Last Microbiology Te	st Result / Rema	rks:
SERVICE REPORT	ch on RD from	en Pagrad	100	
FINDINGS/COMMENTS:	ch on RO Fyrt	74 9/		
FINDINGS/COMMENTS: herd to refi!	11 d 1 m a 6 C/4	larcho La	melde	as Freds
1000 10 10 1 1	INSPECTION & MAINTE	ENANCE CHECK	IST	7 770
(D	escribe briefly result of inspe		•	
Anti-scalant Level	full	UV-Light Unit(s)]	
Chlorine Level	Aull	Ozonator	OK	
Pre-filter	Ook	Hardness Reading	to GP	g
Post-filter	seurgrephice	Feed Water TDS	735	PPM
Feed Pump Pressure	10/190 PS/	Product Water TDS	7 3	DPM
Permeate Flow Rate (GMP)	1,8 00M	Chlorine Reading	0.5	mg/L.
Reject Flow Rate (GMP)		Others		
Recommendation (indicate part	ticular work done or parts of sys	stem inspected):	ude 9 1	egil fly
and Monne for	organise jours, o	wek Tos ic	Marine,	regidant
Deathog the	Mostures, Che	de oquation	ral pre	earl
Time Start Time Finished V	Vork Performed by & Signature	Customer F	Rep. Name, Sign	ature, Date
	Rolde Cox Region	Ricard	170	sh 11080

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Saipan Ice & Water Co., Inc.
P.O BOX 501808, SAIPAN MP 96950
Tel. No. 322-6130,322-5991 We Care About Your Health

No.

	MAINTENANC	EWOR			
CUSTOMER NAME	DUC		DATE		03007
ADDRESS	KA GMAN!	\$ 4	CONTRACI	REF.	
CONTACT PERSON			TEL. NO.		
Equipment Description:	2000 GW.			٠.	•
Visit Frequency:W	/eek/Month	ology Test Res	ult / Remai	ks:	
SERVICE REPORT	ede on Rof	moph			<u> </u>
FINDINGS/COMMENTS:		l	•		•
INSPE(CTION & MAINTE	NANCE C	HECKLI mendation)	ST	
Anti-scalant Level	Lall	UV Light			· .
Chlorine Level	full.	Ozonator	٠.	Ol	
Pre-filter	lot	Hardness	Reading		
ost-filter	heed for replace	Feed Wate	er TDS	119	3 pm
eed Pump Pressure	40/180 ps/	Product W	ater		pyny.
ermeate Flow Rate (GPM)	1:5 Gm	Chlorine R	eading	0.2	reg/c
eject Flow Rate (GPM)		Others			
ecommendation (indicate	particular work done or	parts of sys	tem inspe	cted): C	heele 9,
Sy Hem. Back	wash fre fely	fer.			
e Start Time Finished	Work Performed by & Signature	Custon	ner Rep. Na	me, Signa	ature,Date
	Hod de los Pares	_	frein	/	
	7		•		

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Saipan Ice & Water Co., Inc.
P.O BOX 501808, SAIPAN MP 96950
Tel. No. 322-6130,322-5991
We Care About Your Health

No.

MAINTENANCE WORK ORDER

•			· · ·			
CUSTOMER NAME	DUN	·	DATE	102907		
ADDRESS	KAGMAN	4	CONTRACT	REF.		
CONTACT PERSON		. 1	TEL. NO.			
Equipment Description: 2000 GAO						
Visit Frequency:We	eek/Month	ogy Test Res	ult / Remark	(s :		
SERVICE REPORT	eck on Po	Sy yor	n Ope	vation.		
FINDINGS/COMMENTS:		7				
recel to refill	FINDINGS/COMMENTS: Neel to refil from 9 Charine for injectionsk INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)					
IMSPE	TION & MAINTEN	IANCE O	HECKLIS	ST		
(Describ	be briefly result of inspection	n and recom	mendation			
Anti-scalant Level	full	UV Light	Unit (s)			
Chlorine Level	full	Ozonator		ok		
Pre-filter	lok	Hardness	Reading			
Post-filter	Ok.	Feed Wat		1129 Pon		
Feed Pump Pressure	20/19028/	Product W	/ater	90 pm		
Permeate Flow Rate (GPM)	1.5 Gran	Chlorine R	leading	Or mg/C		
Reject Flow Rate (GPM)	V	Others				
ecommendation (indicate particular work done or parts of system inspected): helk and Reful Hown of Chromber Check TOS i Chlorice negrotion there are less operation puesene						
le Start Time Finished	Work Performed by &	Custo	mer Rep. Na	me, Signature, Date		
	Signature Horbelelox Reju	- 11	adia S.J	agabul		
·	<u> </u>	<u> </u>		•		